

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PROSTHETIC REPAIR OF BODY PASSAGES the specification of which

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____

☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
<u>Germany</u>	<u>196 24 642.3</u>	<u>06/20/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Germany</u>	<u>196 33 588.4</u>	<u>08/20/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Timothy N. Trop, Reg. No. 28,994; Kenneth S. Barrow, Reg. No. 36,085; Philip S. Lyven, Reg. No. P-40,709; John R. Merklind, Reg. No. 31,716; Richard L. Robinson, Reg. No. 31,415 and David S. Wise, Reg. No. 30,511

Address all telephone calls to Timothy N. Trop at telephone number 713/629-5070.

Address all correspondence to Timothy N. Trop, Fish & Richardson P.C., One Riverway, Suite 1200, Houston, TX 77056.

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby authorize the attorneys and/or agents named above to accept and follow instructions from my representative, _____, as to any actions to be taken in the Patent and Trademark Office regarding the above identified application without direct communication between the attorneys and me. In the event of a change in the person(s) from whom instructions may be taken, I will notify the attorneys.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor Karl-Lutz Lauterjung

Inventor's Signature _____

Date

June 16th 1987

Residence Mittenwalder Strasse 39, D-81377, Munich, Germany

Citizenship Germany

Post Office Address Same as above

55495.H11

2025 RELEASE UNDER E.O. 14176